

VARIANCE REQUEST

APPLICANT INFORMATION	Applicant _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax _____ E-mail _____
PROPERTY OWNERSHIP	Property Owner(s) _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax _____ E-mail _____
CONTACT PERSON	Contact Person _____ Mailing Address _____ City _____ State _____ Zip _____ Telephone () _____ Fax _____ E-mail _____ <i>(All staff correspondence will be sent only to the designated contact person)</i>
REQUEST LOCATION	Location Address: _____ City _____ State _____ Zip _____ Zoning District: _____ Subdivision: _____ Block: _____ Lot: _____ Deed Reference: Book ____ Page ____ Property Dimensions: Frontage ____ ft.; Depth ____ ft. Area _____ Acres/Square feet

REQUEST	Purpose of Request (attach additional pages as necessary) _____ _____ _____ _____ _____ _____ _____ _____
FILING REQUIREMENTS	<p><i>Applications will not be accepted unless the following requirements are submitted with this application.</i></p> <p>Filing fee (Make check payable to the City of Ashland. Payments may also be made with cash or credit card if paid in person.)</p> <p>One site plan, drawn to scale, showing the location of all existing and proposed structures, improvements, and uses on the property, as well as any information required by ordinance (plans must be no larger than 8 ½" by 14")</p> <p>Legal Description of property</p> <p>Application <i>must</i> be signed by property owner</p>

I/We understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Ashland Zoning Ordinance as well as all procedures and policies of the City of Ashland Board of Zoning Appeals as those provisions, procedures and policies relate to the handling and disposition of this application; and that the information contained in this application is true and accurate to the best of my/our knowledge. I/we further agree that if I/we request that this application be deferred or my/our actions or inaction require deferral of this application, that I/we will pay an additional fee of \$150 prior to final consideration of this application to defray the additional costs incurred.

_____	_____	_____
(signature of applicant)	(printed name of applicant)	(date)
_____	_____	_____
(signature of applicant)	(printed name of applicant)	(date)
_____	_____	_____
(signature of property owner)	(printed name of property owner)	(date)
_____	_____	_____
(signature of property owner)	(printed name of property owner)	(date)

City of Ashland
Department of Planning & Community Development
1700 Greenup Avenue, Room 208
P. O. Box 1839
Ashland, Kentucky 41105-1839
Telephone (606) 327-2030
Fax (606) 325-8412

Rec'd by:	Date: